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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------|-------------|--------------|------------------------------|--------|-------------------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD                                                                                                                                                                                                                            |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                   |             |              |                              |        |                               |                        |  |  |
| Effective October 1, 2003                                                                                                                                                                                                                                              |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                   |             | 10765745     |                              |        |                               |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                         |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                   |             | SMALL ENTITY |                              |        | OTHER THAN<br>OR SMALL ENTITY |                        |  |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                           |                                                |                                        | 10                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100.0                     |                                   |             | ATE          | T FEE                        | ]      | RATE                          | FEE                    |  |  |
| FOR                                                                                                                                                                                                                                                                    |                                                |                                        | NUMBER FILED                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NUMBER EXTRA              |                                   | BAS         | IC FE        | 385.00                       | OB     | BASIC FEE                     | 770.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                |                                                |                                        | /P minus 20=                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                         |                                   | T           | X\$ 9=       |                              | 1      | X\$18=                        | ·                      |  |  |
|                                                                                                                                                                                                                                                                        |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                         |                                   | -           |              |                              | OR     |                               |                        |  |  |
| INDEPENDENT CLAIMS  MULTIPLE DEPENDENT CLAIM P                                                                                                                                                                                                                         |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                   | _X          | X43=         |                              | OR     | X86 <u>÷</u>                  | · .                    |  |  |
| MU                                                                                                                                                                                                                                                                     |                                                | - CDAMIN F                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | +1                                | 45=         |              | OR                           | +290=  |                               |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                               |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | TC                                | TAL         |              | OR                           | TOTAL  | 770                           |                        |  |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                            |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                   |             | OTHER THAN   |                              |        |                               |                        |  |  |
|                                                                                                                                                                                                                                                                        | (Column 1) (Column 2) (Column 3)               |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                   | SA          | SMALL ENTITY |                              | OR     | SMALL                         |                        |  |  |
| AMENDMENT A                                                                                                                                                                                                                                                            | 6/28/04                                        | CLAIMS REMAINING AFTER AMENDMENT       |                                   | NUME<br>PREVIO<br>PAID F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | PRESENT<br>EXTRA                  | R           | ATE          | ADDI-<br>TIONAL<br>FEE       |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                                                                                                                                                                                                                        | Total                                          | - 10                                   | Minus                             | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 20                        | =                                 | X           | § 9=         |                              | OR     | X\$18=                        |                        |  |  |
|                                                                                                                                                                                                                                                                        | Ind pendent                                    |                                        | Minus                             | ***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3                         | =_>                               | ×           | 43=          |                              | OR     | X86=                          |                        |  |  |
| ٩                                                                                                                                                                                                                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDE         |                                        |                                   | PENDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CLAIM                     |                                   | l   .,      | 45=          |                              |        | +290=                         |                        |  |  |
|                                                                                                                                                                                                                                                                        | <b>y</b>                                       |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                   |             | TOTAL        |                              | OR     | TOTAL                         |                        |  |  |
|                                                                                                                                                                                                                                                                        |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                   |             | T. FEE       |                              | OR     | ADDIT, FEE                    |                        |  |  |
|                                                                                                                                                                                                                                                                        |                                                | (Column 1) CLAIMS                      | <del></del>                       | (Colur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nn 2) ·<br>EST            | (Column 3)                        | · -         |              | ADDI-                        | 1      |                               | ADDI-                  |  |  |
| AMENDMENT B                                                                                                                                                                                                                                                            |                                                | REMAINING<br>AFTER<br>AMENDMENT        |                                   | PREVIO<br>PAID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DUSLY                     | PRESENT<br>EXTRA                  | R.          | ATE          | TIONAL                       | 9      | RATE                          | TIONAL                 |  |  |
|                                                                                                                                                                                                                                                                        | Total                                          | •                                      | Minus                             | ••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                         | = '                               | X           | 9=           |                              | OR     | X\$18=                        |                        |  |  |
|                                                                                                                                                                                                                                                                        | Independent                                    | •                                      | Minus                             | ***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | = .                               | ×           | 13=          |                              | OR     | X86=                          | ·                      |  |  |
| _                                                                                                                                                                                                                                                                      | FIRST PRESE                                    | NTATION OF MU                          | JLTIPLE DE                        | PENDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CLAIM                     | ·   _                             |             | 45=          |                              | 00     | +290=                         |                        |  |  |
|                                                                                                                                                                                                                                                                        |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                   |             | TOTAL        |                              | OR     | TOTAL                         | •                      |  |  |
|                                                                                                                                                                                                                                                                        |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                   |             | T. FEE       |                              | OR     | ADDIT. FEE                    |                        |  |  |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                                                                                                                                                                                                                        |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                   |             |              |                              |        |                               |                        |  |  |
| AMENDMENT C                                                                                                                                                                                                                                                            |                                                | REMAINING<br>AFTER<br>AMENDMENT        |                                   | NUMI<br>PREVIO<br>PAID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BER<br>DUSLY              | PRESENT<br>. EXTRA                | P.          | NTE.         | ADDI-<br>TIONAL<br>FEE       |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                                                                                                                                                                                                                        | Total                                          | •                                      | Minus                             | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           | <b>=</b> .                        | XS          | 9=           |                              | OR     | X\$18=                        |                        |  |  |
|                                                                                                                                                                                                                                                                        | Independent                                    | •                                      | Minus                             | ***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | -                                 | X4          | 3=           | ·                            | OR     | X86=                          |                        |  |  |
| ٨                                                                                                                                                                                                                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                   |             | 45=          |                              |        |                               |                        |  |  |
|                                                                                                                                                                                                                                                                        |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                   |             |              |                              | OR     | +290=                         |                        |  |  |
| * If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***This "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                   |             |              |                              | OR     | TOTAL<br>ADDIT. FEE           |                        |  |  |
| •                                                                                                                                                                                                                                                                      | If the "Highest Nu<br>The "Highest Nun         | mber Previously Painber Previously Pai | aid For" IN TH<br>d For" (Total o | IS SPACE in the second of the | s less tha<br>ent) is the | in 3, enter "3."<br>highest numbe | er found in | the ap       | propriate box                | in col | lumin 1.                      | ٠                      |  |  |